

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County McDonald
Township Prairie
City Southwest City (No. St. Ward)

Registration District No. 315
Primary Registration District No. 4311

File No. 41494-A
Registered No.
St. Ward)

2. FULL NAME Patrick Henry Smith

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Carmon Smith
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 12th 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 II 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Neosho
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Benj F Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Radcliffe
Ohio

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Jennie Croxdale
(Address) Southwest City Mo

15. FILED 12/16, 1931 John J. Nichols
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15th 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1931, to Dec 15 1931, that I last saw him alive on Dec 15 1931, and that death occurred, on the date stated above, at 8,23 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis Acute
117A 120
(duration) yrs. mos. ds. 3
CONTRIBUTORY (SECONDARY) Perforated Ulcer of Stomach (duration) History of 8 yrs.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF

0 DID AN OPERATION PRECEDE DEATH, DATE OF
WAS THERE AN AUTOPSY, No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab.
(Signed) Harrison L. May M. D.
, 19 (Address) Mayville Ark

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Southwest City Missouri DATE OF BURIAL 12/16 1931

20. UNDERTAKER Nichols Bros ADDRESS Southwest City Mo

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1932

41494-1

PARENTS

